

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

October 31, 2014

Jennifer Anderson, Administrator
Forest Hill Residential Care Home
213 Clark Drive
Hyde Park, VT 05655-9218

Provider #:

Dear Ms. Anderson:

The Division of Licensing and Protection conducted an onsite complaint investigation on **October 21, 2014**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **October 21, 2014** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure

Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0597 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 10/21/2014 |
| NAME OF PROVIDER OR SUPPLIER FOREST HILL RESIDENTIAL CARE HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 213 CLARK DRIVE HYDE PARK, VT 05655 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R100 | Initial Comments: An unannounced onsite investigation of one facility report and one complaint was completed by the Division of Licensing and Protection on 10/21/14. The facility was found in substantial compliance with regulations related to the allegations. | R100 | | |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE